

RECEIVED

DEC 10 2021

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

| | | |
|--|--|---|
| 1. TITLE OF NEWSPAPER <i>Waubay Clipper</i> | | 2. DATE <i>10-6-21</i> |
| 3. FREQUENCY OF ISSUE <i>Weekly</i> | 3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>50</i> | 3B. ANNUAL SUBSCRIPTION PRICE \$ <i>30.00</i> <i>In-State</i> <i>39</i> <i>Out-of-State</i> |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>122 N. Main St. - Box 47 - Waubay, SD 57273-0047 - Day County</i> | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>122 N. Main St. - Box 47 - Waubay, SD 57273-0047</i> | | |
| 6. FULL NAME OF PUBLISHER: <i>Linda M. Walters</i> | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) | | |
| FULL NAME <i>Linda M. Walters</i> | | COMPLETE MAILING ADDRESS <i>Box 47 - Waubay, SD 57273-0047</i> |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <i>None</i> | | |
| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) | <i>500</i> | <i>500</i> |
| B. PAID AND/OR REQUESTED CIRCULATION | | |
| 1. Sales through dealers and carriers, street vendors, and counter sales. | <i>260</i> | <i>260</i> |
| 2. Mail Subscription (Paid and or requested) | <i>209</i> | <i>200</i> |
| 3. Paid Electronic Copies | <i>0</i> | <i>0</i> |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.) | <i>469</i> | <i>460</i> |
| D. FREE DISTRIBUTION | | |
| 1. BY MAIL, CARRIER OR OTHER MEANS | <i>4</i> | <i>4</i> |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | <i>0</i> | <i>0</i> |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | <i>473</i> | <i>464</i> |
| F. COPIES NOT DISTRIBUTED | | |
| 1. Office use, left over, unaccounted, spoiled after printing | <i>27</i> | <i>36</i> |
| 2. Return from News Agents | <i>0</i> | <i>0</i> |
| G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.) | <i>500</i> | <i>500</i> |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Linda M. Walters
(Signature)

Owner
(Title)

State of South Dakota)
County of *Day*)
(Seal)

Sworn to before me this *6th* day of *Oct.*, 20*21*
Paula J. Beisch
Notary Public

My commission expires: _____

